



FOSTER, ADOPTIVE, AND KINSHIP TRAINING (FAKT) EVALUATION OF TRAINING

State Form 52759 (9-06) / CW 2119

DEPARTMENT OF CHILD SERVICES

☐ Training of trainers (TOT) ☐ Pre-service ☐ In-service ☐ Foster care ☐ Adoption (permanency)

Name of trainer	Date (month, day, year)
Location	

Please provide us with an honest assessment of this training session. Your input will help to improve the quality of the training. Please put a checkmark in the appropriate box and explain any fair or poor ratings in the comment section under the question. Use the back of this form, if necessary.

	Excellent	Very Good	Good	Fair	Poor
1. Was the content of the training well developed and were you able to follow the trainer's presentation? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the trainer know and understand the concepts and issues of the topic? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How well did the trainer relate to the group, answer questions, and respond to concerns? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the trainer use methods of presentation that were best suited to the content (i.e., lecture, discussion, exercises, visuals, and appropriate handouts)? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To what degree was the content appropriate to meet your needs? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To what degree was the content appropriate to your skill level? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How well did the trainer document cultural sensitivity and competence in response to the cultural differences evident in the training group? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Knew nothing	Knew something	Knew it very well
What was your level of understanding of the topic covered prior to the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your level of understanding following the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What benefits have you received from attending this session? (Check all that apply.)

☐ New knowledge that is pertinent to my fostering / adopting. ☐ New techniques, skills, and approaches that I can apply to fostering / adopting.

☐ Change in attitude that will help me in fostering / adopting. ☐ Other (please explain): _____

What suggestions do you have to improve future training?

Is there any additional comment you would like to make regarding the training that could help us improve the quality of future training?

Signature of trainee (optional)	Date (month, day, year)
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Thank you!